

Children's Dental Services

Preventive Services

	Is the service Covered?					
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	
Cleanings	Х			2 x year		
Fluoride treatments (including fluoride varnishes)	Х			2 x year	with eruption of primary teeth	
Sealants (list any tooth-specific limits)	Х				Once per lifetime	
Space maintainers	Х				One per quadrant every 24 m o nths (fixed unilateral) Fixed bilateral one every 24 months Space maintainer removable unilateral one per quadrant per 24 months	

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Diagnostic Services

	Is th	e service Cove	red?			
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Recommended age of first visit?
Dental examinations						
	Х			2 x year		1
X-Rays						
Bitewing	Х			2 x year	per patient per dentist or dental group	
Full Mouth	Х			1 x every 3 years	Periapical film as needed per diagnosis, Cephalometric film as needed per diagnosis	
Panoramic	Х				Panograph one every 36 months	

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Treatment Services

	Is the service Covered?					
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Criteria for coverage
Fillings		-				
Silver amalgam	Х				As needed per diagnosis of pathology	
Tooth colored composite	Х				As needed per diagnosis of pathology	
Crowns/tooth caps						
Stainless steel crowns	Х				Dictated by pathology	
Metal (only) crowns		Х			High noble metal one every 60 months	
Metal/porcelain crowns		Х			one every 60 months	
Porcelain (only) crowns		Х			one every 60 months	
Root Canals (endodontics)						
Root canals on baby teeth (pulpotomies)	Х					
Root canals on permanent teeth	Х				Once per lifetime	
Gum (periodontal) therapy					•	
	Х				Once per lifetime	

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	ls th	Is the service Covered?				
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Criteria for coverage
Dentures						
Partial dentures	X					
Complete dentures	Х					
Bridges		Х			Once every 60 months	
Orthodontics*						
Retainers (orthodontic)		х			Included with full treatment orthodontics, replacement requires narrative of medical neessity	
Braces		х				Must meet minimum od Salzmann Index or meet medical criteria
Oral surgery						
Simple extractions	X					
Surgical extractions	X					
Care of abscesses	X					
Cleft palate treatment			Х			

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	Is the service Covered?		red?			
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Criteria for coverage
Cancer treatment			Х			
Treatment of fractures			Х			
Biopsies	Х					
Treatment of jaw joint problems (TMJ)						
			Х			
Emergency room services provided by a	dentist					
	Х				Only covers occlusal orthotic devices	
Inpatient Hospital Services						
			Х			
Anesthesia						
General anesthesia	Х					Medical necessity must be demonstrated
Intravenous conscious sedation	X					Medical necessity must be demonstrated

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	ls th	the service Covered?				
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Criteria for coverage
Non-intravenous conscious sedation	x					must be documented as medically necessary in the patient record
Analgesia (nitrous oxide)	х					must be documented as medically necessary in the patient record

^{*} When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).

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